

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 14 OF 69

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)

Full Name (Last, First, Middle Initial)

A. Marc R. Babineau

Mailing Address 546 Electric Avenue

 City
 Fitchburg

 State
 MA

 Zip Code
 01420-5370

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Babineau Insurance Agency

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 13617900

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William M Darcey

Mailing Address 800 CLINTON ST

City

WOONSOCKET

State

RI

Zip Code

02895-3245

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Provider Insurance Group, Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 13617901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John J. Prudente Sr

Mailing Address 1207 Commerical St

City

Weymouth

State

MA

Zip Code

02189-2223

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

John J Prudente Insurance Agency, Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : 13617902

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►